

UNITED STATES COURT OF APPEALS**DISTRICT OF COLUMBIA CIRCUIT**

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Washington, DC 20001-2866

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AGENCY DOCKETING STATEMENT

Administrative Agency Review Proceedings (To be completed by appellant/petitioner)

1. CASE NO.	24-1365	2. DATE DOCKETED:	11/27/2024
3. CASE NAME (lead parties only) Doctors for Drug Policy Reform v. Drug Enforcement Administration			
4. TYPE OF CASE: <input checked="" type="checkbox"/> Review <input type="checkbox"/> Appeal <input type="checkbox"/> Enforcement <input type="checkbox"/> Complaint <input type="checkbox"/> Tax Court			
5. IS THIS CASE REQUIRED BY STATUTE TO BE EXPEDITED? <input type="radio"/> Yes <input checked="" type="radio"/> No If YES, cite statute			
6. CASE INFORMATION: a. Identify agency whose order is to be reviewed: Drug Enforcement Administration			
b. Give agency docket or order number(s): DEA Docket No. 1362			
c. Give date(s) of order(s): 10/28/2024 and 11/25/2024			
d. Has a request for rehearing or reconsideration been filed at the agency? <input type="radio"/> Yes <input checked="" type="radio"/> No If so, when was it filed? By whom?			
Has the agency acted? <input type="radio"/> Yes <input type="radio"/> No If so, when?			
e. Identify the basis of appellant's/petitioner's claim of standing. <u>See</u> D.C. Cir. Rule 15(c)(2): <u>Petitioners have standing because DEA's rejection of their application to participate and present evidence in a formal rulemaking hearing caused concrete and particularized harm to at least two of its members who would have presented oral testimony in support of rescheduling marijuana.</u>			
f. Are any other cases involving the same underlying agency order pending in this Court or any other? <input type="radio"/> Yes <input checked="" type="radio"/> No If YES, identify case name(s), docket number(s), and court(s)			
g. Are any other cases, to counsel's knowledge, pending before the agency, this Court, another Circuit Court, or the Supreme Court which involve <i>substantially the same issues</i> as the instant case presents? <input type="radio"/> Yes <input checked="" type="radio"/> No If YES, give case name(s) and number(s) of these cases and identify court/agency:			
h. Have the parties attempted to resolve the issues in this case through arbitration, mediation, or any other alternative for dispute resolution? <input type="radio"/> Yes <input checked="" type="radio"/> No If YES, provide program name and participation dates.			

Signature Austin T. Brumbaugh

Date 12-10-2024

Name of Counsel for Appellant/Petitioner Austin T. Brumbaugh

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ATTACH A CERTIFICATE OF SERVICE

Note: If counsel for any other party believes that the information submitted is inaccurate or incomplete, counsel may so advise the Clerk within 7 calendar days by letter, with copies to all other parties, specifically referring to the challenged statement.

CERTIFICATE OF SERVICE

I certify that this document was filed with the Court via the court's electronic filing system, on the 10th day of December, 2024, and an electronic copy was served on all counsel of record via the CM/ECF system on the same date. I further certify that I have mailed the foregoing document via first class mail, postage paid, to those parties or their counsel who are not registered through the CM/ECF system.

/s/Austin T. Brumbaugh
Austin T. Brumbaugh